



Joint IFPN and EORNA Position statement

September 2005

Occupational Danger for Perioperative Nurses

The International Federation of Perioperative Nurses (IFPN) and The European Operating Room Nurses Association (EORNA) wish to express in the strongest possible language the continuing occupational danger which nurses suffer when exposed to blood borne viruses without personal protection.

EORNA and IFPN believe it is the fundamental right of every healthcare worker to be protected from potential danger whilst they are at work.

Perioperative nurses are involved many times daily to exposure prone procedures where there is often unavoidable contact with bodily fluids and the potential of blood borne viruses. The staff often have no personal protective equipment available. Employers are urged to address this shortfall; ensuring quality products are available to protect their workforce.

Perioperative nurses are also exposed to a higher than average number of sharps. Needles, blades and other sharp instruments should be handled with extreme care, when contaminated. "Hands free" handling of sharps should be encouraged by all perioperative nurses and managers and all new staff should be educated to safe systems of work to reduce risks. Surgeons and other co-workers should also be educated to the techniques for safe practice.

Elimination or reduction of unnecessary injections is the highest priority towards preventing injection associated infections (1). Needle stick injuries are commonplace and often go unreported. Perioperative practitioners should ensure that they report incidents and use safe practices; ie. using safe needle systems or no re-sheathing of needles.

Safe disposal of sharps will reduce avoidable exposure and injuries to others.

Universal or Standard Precautions should be in use in every operating room, ensuring that all staff are best protected from potential infections. The practice should be in place for the care of all patients, at all times to minimise the risk of blood borne pathogens.(2) Universal precautions consist of

- Careful handling and disposal of all sharps;
- Hand washing before and after a procedure;
- Use of protective barriers – such as gloves, gowns, masks and eye protection for direct or potential contact with blood and other bodily fluids;
- Safe disposal of waste contaminated with bodily fluids and blood;

- Proper cleaning and sterilisation of instruments and other contaminated equipment; and
- Proper handling of contaminated laundry.

Compliance with standard or universal precautions should be locally ensured by regular monitoring.

No discriminatory actions should be taken against patients who are known to have an infection.

A full reporting system for incidents to staff and patients should be in place, with testing, counselling and post exposure prophylaxis (PEP) available.

Staff who are found at testing to be HIV positive or Hepatitis B or C positive, should be assisted by their employers to find alternative, non- exposure prone employment within the same facility. No discriminatory actions should be taken against the employee; instead they should be fully supported.

Policies and procedures should be in place in every facility to ensure that all practitioners understand the safe systems of work, set out to reduce injuries and minimise risks. Policies should be reviewed regularly and amended according to local regulations.

All perioperative nurses should be educated to the dynamics of changing knowledge and practice, so that they can continually implement best practice. Monitoring of evidence based practice should be in place, and monitored for compliance. Individuals, managers and employers are accountable for best practice, and should be held to account.

References

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